2024 DATA

14% decrease in number of new HIV infections since 2010

48% decrease in number of AIDS–related deaths since 2010

People living with HIV: 2.4 million [2.1 million–2.6 million]

New HIV infections: 62 000 [51 000–72 000]

AIDS–related deaths: 9000 [6800–11 000]

Testing and treatment cascade (all ages):

People living with HIV who know their HIV status: 89% [69–>98%] (as of 2022; 2023 and 2024 data pending)

People living with HIV who are on treatment: 80% [62–92%] (as of 2024)

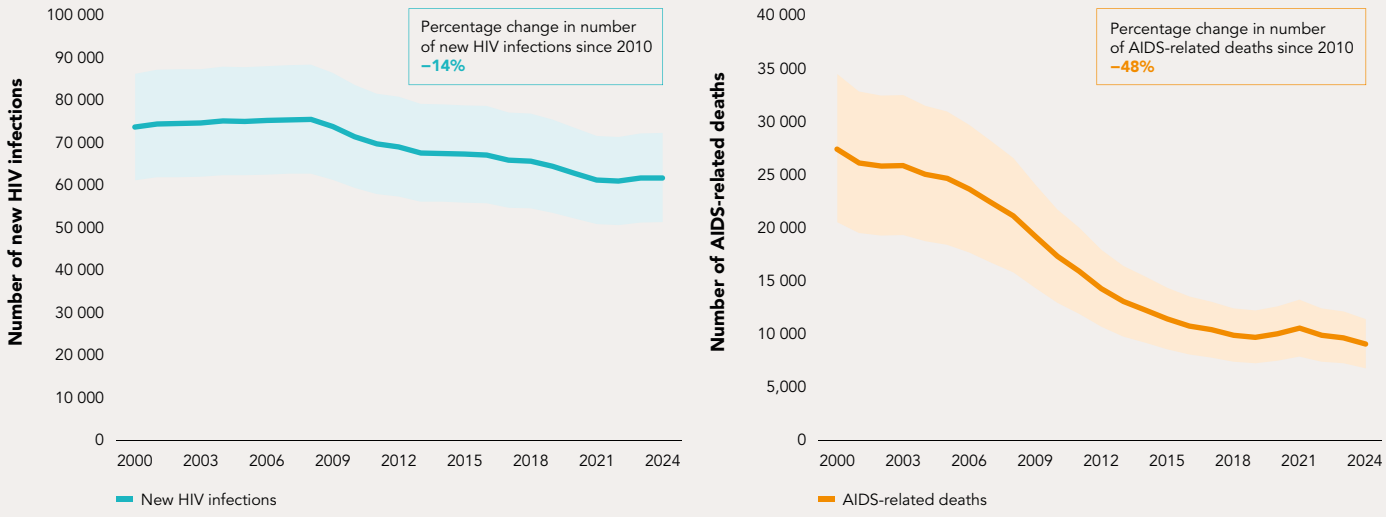
People living with HIV who have a suppressed viral load: 71% [63–79%] (as of 2022; 2023 and 2024 data pending)

WESTERN AND CENTRAL EUROPE AND NORTH AMERICA

There has been a 14% decrease in the annual number of new HIV infections and a 48% decrease in the annual number of AIDS–related deaths in western and central Europe and North America since 2010 (Figure 17.1). HIV prevalence among key populations remains significantly higher than among the general population (Figure 17.2). Despite data showing ongoing progress in HIV prevention, persistent social and economic factors, including stigma and discrimination, continue to cause health disparities, compromising the health and well–being of people from marginalized communities.

Numbers of new HIV infections and AIDS–related deaths continue to decline

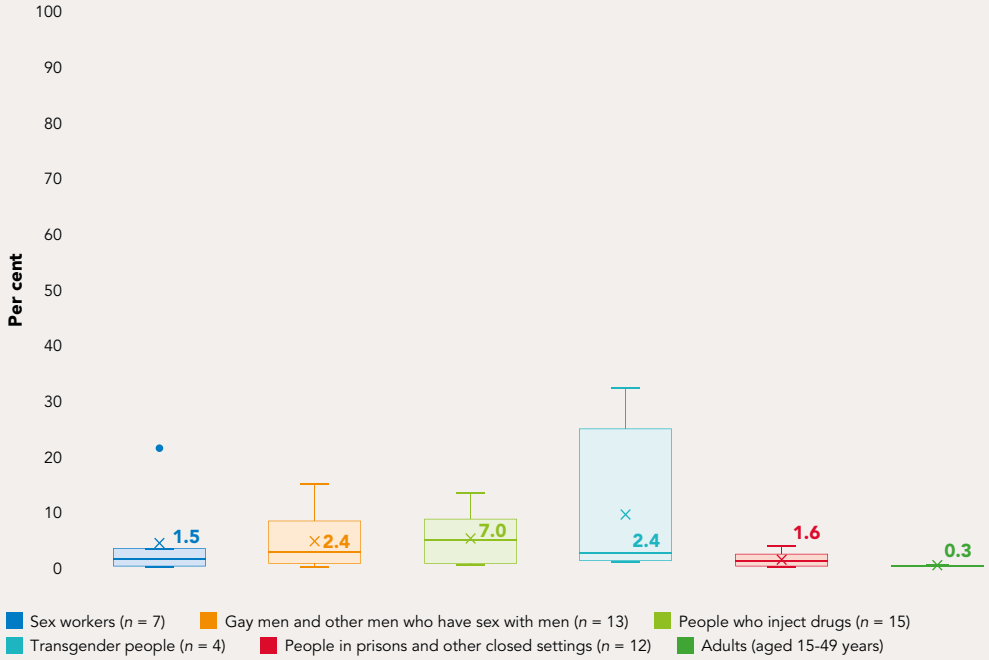
Figure 17.1. Numbers of new HIV infections and AIDS-related deaths, western and central Europe and North America, 2000–2024



Source: UNAIDS epidemiological estimates 2025 (https://aidsinfo.unaids.org/).

People at increased risk of HIV still lack services

Figure 17.2. HIV prevalence among people from key populations compared with adults (aged 15–49 years), reporting countries in western and central Europe and North America, 2020–2024

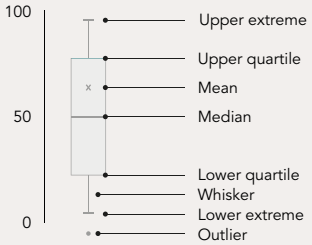


The median HIV prevalence among countries that reported these data in western and central Europe and North America was:

1.5% among sex workers.
2.4% among gay men and other men who have sex with men.
7.0% among people who inject drugs.
2.4% among transgender people.
1.6% among people in prisons and other closed settings.

The estimated HIV prevalence among adults (aged 15–49 years) was **0.3% [0.2–0.3%]**.

How to read it



Note: *n* = number of countries. Countries reporting on HIV prevalence among transgender people: total number of reporting countries = 40. Data presented are from fewer than five reporting countries for transgender people (Canada, Italy, Netherlands (Kingdom of the), Romania).

Source: Global AIDS Monitoring 2021–2025 (https://aidsinfo.unaids.org/); UNAIDS epidemiological estimates 2025 (https://aidsinfo.unaids.org/).

Tracking epidemic trends and progress in HIV testing and treatment in Europe is increasingly complex due to population movements within and beyond the region. Significant data gaps remain in HIV burden and access to care among migrants, especially those in vulnerable situations or with irregular status *(1)*. Harmonizing and integrating programme monitoring and surveillance systems across countries in the region is critical. Programmatically, efforts to re–engage people in care if they drop out, sometimes starting from a re–diagnosis of HIV, are increasingly important to reach and maintain high treatment coverage *(2)*.

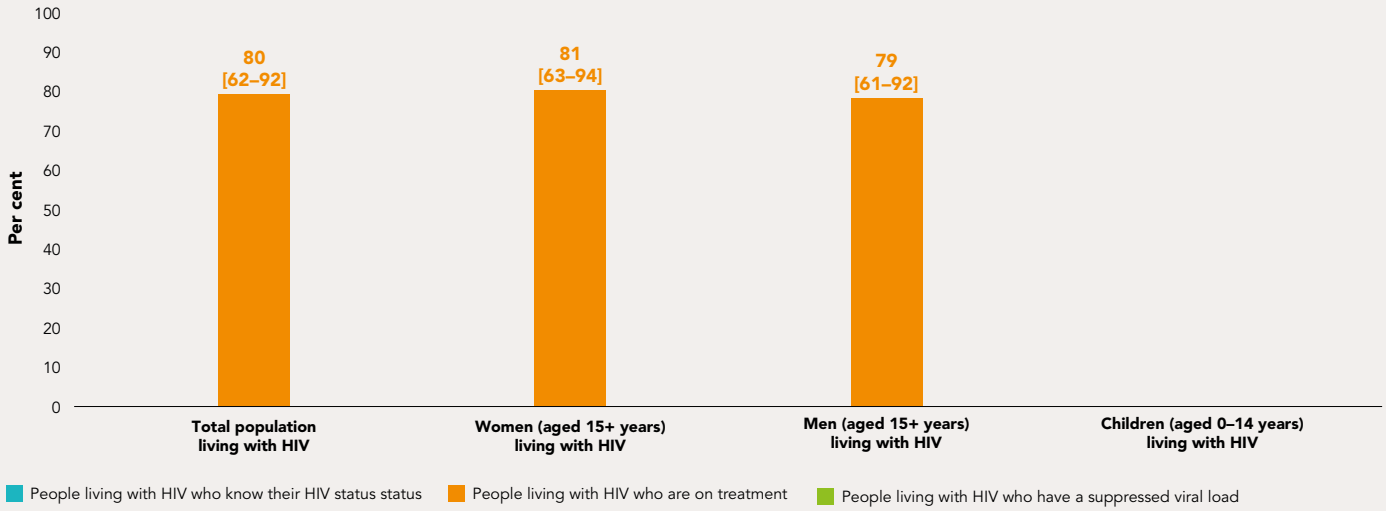
In this context, maintaining high coverage of HIV testing and treatment services is a real achievement. In western and central Europe in 2022 (the latest year with complete data), approximately 92% [69–>98%] of people living with HIV knew their HIV status, 94% [71–>98%] of these were on antiretroviral therapy, and 97% [73–>98%] of people on treatment had a suppressed viral load.

Despite these challenges for programmes and surveillance, several countries markedly reduced HIV incidence between 2010 and 2024, including Estonia (77%), Latvia (69%), Denmark (64%), Croatia (52%) and Ireland (44%). The Kingdom of the Netherlands reduced its incidence by 66% between 2010 and 2023. France, despite having high estimated levels of HIV incidence among recent immigrants *(3)*, reduced in–country incidence of new infections by nearly 30% between 2012 and 2022 *(4)*. All of these countries had relatively low annual numbers of new HIV infections by 2022–2024, making it difficult to estimate the magnitude of decline precisely.

HIV–related stigma and discrimination remain barriers to accessing HIV services across western and central Europe *(5)* and North America *(6)*. In the United States of America, people from African American and Hispanic communities are disproportionately affected by HIV.

HIV testing and treatment cascade, by age and sex, western and central Europe and North America, 2024

Figure 17.3. HIV testing and treatment cascade, by age and sex, western and central Europe and North America, 2024



Source: UNAIDS epidemiological estimates 2025 (https://aidsinfo.unaids.org/).

Note: Knowledge of status and viral load suppression estimates for 2024 are pending.

In western and central Europe, discriminatory laws that target key populations at risk of HIV—such as criminalization of sex work, same–sex relations or possession of small amounts of drugs for personal use—continue to limit access to services. Of 40 countries in the region, 34 countries have laws criminalizing some aspect of sex work; no countries have laws criminalizing same–sex sexual acts; at least 26 countries have laws criminalizing possession of small amounts of drugs; one country has HIV–related travel restrictions (requiring HIV testing or disclosure for some permits); and 22 countries have laws criminalizing transmission, exposure or nondisclosure of HIV.

HIV–related stigma and discrimination remain major barriers to accessing HIV services for people living with HIV, including in this region. Health–care workers responding to an European Centre for Disease Prevention and Control survey reported observing multiple forms of stigma and discrimination against people living with HIV within their place of work over the past 12 months. Of those surveyed, 30% had witnessed discriminatory remarks or derogatory comments, 22% unwillingness to provide care, 19% nonconsensual disclosure of HIV status, and 18% poorer quality of care *(4)*.

HIV prevention services to reach the most vulnerable migrants in western Europe are needed. In France, 62% of migrant gay men and other men who have sex with men living with HIV acquired their HIV infection within the first year of arrival in the country *(3)*. Contextual factors (e.g. legal status of same–sex sexual activity in the country of birth) and individual factors (e.g. level of social disadvantage and sexual behaviour) contribute to a relatively high risk of HIV acquisition soon after migration in Sweden *(7)* and the United Kingdom of Great Britain and Northern Ireland *(8)*.

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